

DEPARTMENT OF ADMINISTRATION OPERATIONS DIVISION RISK MANAGEMENT SECTION 402 West Washington Street, Room W478 Indianapolis, IN 46204

INSTRUCTIONS: This form must be completed and returned within ten (10) days to address in above box.

Date of accident (month, day, year) Time of accident				AM County		Loca	tion of accid	ent					
			-	PM									
Department of employ	ree	Divis	sion of emplo										
Bivision of employee				you									
Work tolophono numb	or of drivor	Typo	of assidant	(ahaak al	I that annly)								
Work telephone number of driver Type of accident													
( )			Property da	mage	Personal injury								
							1						
	HER CONDIT	TIONS			LIGHTING CON	DITIONS			COAD CONDIT	TIONS			
Check one	_			Check	k only one			Check all that apply					
☐ Existing	□ Recent												
Check all that apply				$\neg$	Daylight			☐ Straight ☐	Dry		Asphalt		
☐ Clear ☐ Sleet				Dawn / Dusk						Gravel	•		
☐ Cloudy ☐ Freezing rain				Dark / No lights			☐ Hill ☐	Non-slipper	v 🗀	Other (de	escribe)		
				Dark with street lig	uhto		☐ Wet ☐	Concrete	у Ш	Other (u	oscribe)		
☐ Rain ☐ Fog / Smoke ☐ Snow ☐ Other (describe)				Dark with street ing	IIIIS		L Wet L	Concrete					
☐ Snow	□ Other (de	escribe	)										
	0.7	-ATE \/	ELUOL E										
			EHICLE						VEHICLE				
			ORMATIO	N				DRIVER INF	ORMATION				
Name of driver (last, fi	irst, middle initia	al)				Name of d	river (last, fil	rst, middle initial)					
Address (number and	street, city, state	te, and 2	ZIP code)			Address (r	number and	street, city, state, and	ZIP code)				
Sex Date of bir	th (month, day,	vear) F	Restrictions	17	Type of license	Sex	Date of birt	th (month, day, year)	Restrictions	Tvt	oe of licen	se	
Date of bill	ar (month, day,	you,, i	1001110110110		Type of hoofied	OOX		(,, , , , , ,,	1001110110110	','			
State of issue	Data	of expira	ation	Licon	ise number	State of iss		Date of expira	tion	License	numbor		
State of issue	Date	л ехріга	ation	Licen	ise number	State of is:	sue	Date of expira	lion	LICELISE	Hullibel		
								\/=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EODMATION.				
VEHICLE INFORMATION					<b>1</b>			VEHICLE INFORMATION					
State of license	Year of vehicle	е	Color of ve	hicle	Plate/Com. number	State of lic	ense	Year of vehicle	Color of vehicl	е	Plate/Cor	n. number	
Number of occupants	Number of occupants   Was vehicle towed?   Direction of		f travel Posted speed limit		Number of occupants		ks Was vehicle towed? Direction of to Very Yes No		Posted speed limit				
☐ Yes ☐ No													
Name of police depart	ment investigati	ing acci	ident			Name of p	olice departı	ment investigating acc	dent				
Name of investigating	officer			Bad	lge number	Name of ir	vestigating	officer		Badge	number		
							0 0			_			
1 :-4 :-:1	:		f !!	^/ /:-+ ·	4h - 4 4h -	:-::		t \/-\-i- - d \/-	alaiala O Dada		);	045	
List injurea person.	s and indicate	nature	e or injury. I	AISO IIST	the type of group the Attach Additional S	injurea pe heets if ne	erson beior ecessarv	ngs to: venicie 1, ve	enicie 2, Peaes	sırıarı, E	sicyciist o	r Otner.	
	NAME							INJUE	v	ACE	CEV	CROUR	
	NAME				ADDRES	<b>5</b>		INJUR	1	AGE	SEX	GROUP	
					<u> </u>								
i .													

Indicate by diagram what happened. Make a map indicating what happened. Use 1 to indicate your vehicle and 2 to indicate North by drawing an arrow in the circle provided.	licate the other vehicle.	
In your own words, describe what occurred.		
Signature	Date of signature (month, da	ay, year)